

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Western District Of Wisconsin

Case number (if known): _____

Chapter you are filing under:

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Louis

First name

Phillip

Middle name

Taylor

Last name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 5 2 2 6

OR

9 xx - xx - _____

xxx - xx - _____

OR

9 xx - xx - _____

Debtor 1 Louis Phillip Taylor
 First Name Middle Name Last Name

Case number (if known) _____

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and *doing business as* names

I have not used any business names or EINs.

Business name _____

Business name _____

EIN _____

EIN _____

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business names or EINs.

Business name _____

Business name _____

EIN _____

EIN _____

5. Where you live

13302 W Indian Lake Road

Number Street

Hayward

WI 54843

City

State

ZIP Code

SAWYER

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

P.O. Box 1023

Number Street

P.O. Box

Hayward

WI 54843

City

State

ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1 Louis Phillip Taylor
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee

- I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- No
- Yes. District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- No
- Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
- Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

- No. Go to line 12.
- Yes. Has your landlord obtained an eviction judgment against you?
- No. Go to line 12.
- Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 Louis Phillip Taylor
First Name Middle Name Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

No. Go to Part 4.

Yes. Name and location of business

Name of business, if any _____

Number Street _____

City _____ State _____ ZIP Code _____

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No

Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property?

Number Street _____

City _____ State _____ ZIP Code _____

Debtor 1

Louis Phillip Taylor

First Name Middle Name

Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Louis Phillip Taylor
 First Name Middle Name Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. **Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- No. Go to line 16b.
 Yes. Go to line 17.

16b. **Are your debts primarily business debts?** Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

- No
 Yes

18. How many creditors do you estimate that you owe?

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Louis Phillip Taylor

Signature of Debtor 1



Signature of Debtor 2

Executed on 12/06/2019
 MM / DD / YYYY

Executed on _____
 MM / DD / YYYY

Debtor 1 Louis Phillip Taylor
First Name Middle Name Last Name

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

 /s/Thomas W. Duffy _____ Date 12/06/2019
Signature of Attorney for Debtor MM / DD / YYYY

Thomas W. Duffy _____
Printed name

Duffy Law Office _____
Firm name

P.O. Box 965 _____
Number Street

Hayward _____ WI 54843 _____
City State ZIP Code

Contact phone (715) 634-4891 _____ Email address jackieamundson@cheqnet.net

01007941 _____ WI
Bar number State

Fill in this information to identify your case and this filing:

Debtor 1	<u>Louis</u> First Name	<u>Phillip</u> Middle Name	<u>Taylor</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western District of Wisconsin</u>			
Case number: _____			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
 Yes. Where is the property?

1.1. Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

City _____ State _____ ZIP Code _____

County _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

If you own or have more than one, list here:

1.2. Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

City _____ State _____ ZIP Code _____

County _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

Debtor 1

Louis Phillip

First Name Middle Name

Taylor

Last Name

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Case number (if known)

1.3. Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

City State ZIP Code

County

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

 Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.

→ \$ _____

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1. Make: Chrysler

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$10,000.00 \$10,000.00

Model: 300

Year: 2014

Approximate mileage: _____

Other information:

 Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

 Check if this is community property (see instructions)

Debtor 1

Louis Phillip
First Name Middle NameTaylor
Last Name

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Case number (if known) _____

3.3. Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model: _____

Year: _____

Approximate mileage: _____

Other information:
_____ **Check if this is community property** (see instructions)

\$ _____ \$ _____

3.4. Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model: _____

Year: _____

Approximate mileage: _____

Other information:
_____ **Check if this is community property** (see instructions)

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

 No Yes

4.1. Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model: _____

Year: _____

Other information:
_____ **Check if this is community property** (see instructions)

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model: _____

Year: _____

Other information:
_____ **Check if this is community property** (see instructions)

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ➔

\$10,000.00

Debtor 1

Louis Phillip Taylor
First Name Middle Name Last Name

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Case number (if known) _____

Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware No Yes. Describe.....

\$ _____

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe.....

\$ _____

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe.....

\$ _____

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.....

\$ _____

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....

Smith & Wesson Pistol

\$180.00

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.....

shirts, pants, shoes, jackets, etc

\$200.00

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....

\$ _____

13. Non-farm animals*Examples:* Dogs, cats, birds, horses No Yes. Describe.....

\$ _____

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information.....

\$ _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →

\$380.00

Debtor 1

Louis Phillip Taylor
First Name Middle Name Last Name

Case number (if known) _____

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....

Cash:

\$_____

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes.....

Institution name:

17.1. Checking account:	Johnson Bank	\$1,000.00
17.2. Checking account:	_____	\$_____
17.3. Savings account:	Hayward Community Credit Union	\$25.00
17.4. Savings account:	_____	\$_____
17.5. Certificates of deposit:	_____	\$_____
17.6. Other financial account:	_____	\$_____
17.7. Other financial account:	_____	\$_____
17.8. Other financial account:	_____	\$_____
17.9. Other financial account:	_____	\$_____

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

_____	\$_____
_____	\$_____
_____	\$_____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.

Name of entity:

% of ownership:

_____	%	\$_____
_____	%	\$_____
_____	%	\$_____

Debtor 1

Louis Phillip Taylor
First Name Middle Name Last Name

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Case number (if known) _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.

Issuer name:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.. Type of account: Institution name:

401(k) or similar plan:	_____ \$ _____
Pension plan:	_____ \$ _____
IRA:	_____ \$ _____
Retirement account:	_____ \$ _____
Keogh:	_____ \$ _____
Additional account:	_____ \$ _____
Additional account:	_____ \$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.....

Institution name or individual:

Electric:	_____ \$ _____
Gas:	_____ \$ _____
Heating oil:	_____ \$ _____
Security deposit on rental unit:	_____ \$ _____
Prepaid rent:	_____ \$ _____
Telephone:	_____ \$ _____
Water:	_____ \$ _____
Rented furniture:	_____ \$ _____
Other:	_____ \$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes.....

Issuer name and description:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

Debtor 1

Louis Phillip Taylor

First Name Middle Name Last Name

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Case number (if known) _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them... _____ \$ _____**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them... _____ \$ _____**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them... _____ \$ _____**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years. _____

Federal:	\$ _____
State:	\$ _____
Local:	\$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information. _____

Alimony:	\$ _____
Maintenance:	\$ _____
Support:	\$ _____
Divorce settlement:	\$ _____
Property settlement:	\$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information. _____ \$ _____

Debtor 1

Louis Phillip Taylor
First Name Middle Name Last Name

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Case number (if known) _____

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company
of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

\$N/A

\$

\$

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.

\$

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim.

\$

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim.

\$

35. Any financial assets you did not already list No Yes. Give specific information.

\$

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached
for Part 4. Write that number here** →

\$1,025.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.Current value of the
portion you own?Do not deduct secured claims
or exemptions.**38. Accounts receivable or commissions you already earned** No Yes. Describe.

\$

39. Office equipment, furnishings, and supplies*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe.

\$

Debtor 1

Louis Phillip Taylor
First Name Middle Name Last Name

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Case number (if known) _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade No Yes. Describe.....

	\$ _____
--	----------

41. Inventory No Yes. Describe.....

	\$ _____
--	----------

42. Interests in partnerships or joint ventures No Yes. Describe..... Name of entity:

% of ownership:

_____	% _____	\$ _____
_____	% _____	\$ _____
_____	% _____	\$ _____

43. Customer lists, mailing lists, or other compilations No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

	\$ _____
--	----------

44. Any business-related property you did not already list No Yes. Give specific information

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

\$0.00

Part 6:**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

 No Yes.....

	\$ _____
--	----------

Debtor 1

Louis Phillip
First Name Middle NameTaylor
Last Name

Case number (if known) _____

48. Crops—either growing or harvested No Yes. Give specific information.

\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No Yes.....

\$ _____

50. Farm and fishing supplies, chemicals, and feed No Yes.....

\$ _____

51. Any farm- and commercial fishing-related property you did not already list No Yes. Give specific information.

\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here → \$0.00**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.\$ _____
\$ _____
\$ _____**54. Add the dollar value of all of your entries from Part 7. Write that number here** → \$ _____**Part 8: List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2** → \$0.00**56. Part 2: Total vehicles, line 5** \$10,000.00**57. Part 3: Total personal and household items, line 15** \$380.00**58. Part 4: Total financial assets, line 36** \$1,025.00**59. Part 5: Total business-related property, line 45** \$0.00**60. Part 6: Total farm- and fishing-related property, line 52** \$0.00**61. Part 7: Total other property not listed, line 54** + \$0.00**62. Total personal property.** Add lines 56 through 61. → \$11,405.00 Copy personal property total → + \$11,405.00**63. Total of all property on Schedule A/B.** Add line 55 + line 62.

\$11,405.00

Fill in this information to identify your case:

Debtor 1	<u>Louis Phillip Taylor</u>	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: <u>Western District of Wisconsin</u>		
Case number (if known) _____		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: Checking Account with Johnson Line from <i>Schedule A/B</i> : <u>Bank</u>	\$1,000.00	<input checked="" type="checkbox"/> \$ 1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: shirts, pants, shoes, jackets, etc Line from <i>Schedule A/B</i> : <u>17.1</u>	\$200.00	<input checked="" type="checkbox"/> \$ 200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Smith & Wesson Pistol Line from <i>Schedule A/B</i> : <u>10</u>	\$180.00	<input checked="" type="checkbox"/> \$ 180.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1

Louis Phillip Taylor

First Name Middle Name

Last Name

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Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption</i>	Specific laws that allow exemption
Brief description: Savings Account with Hayward Community Credit Union	\$25.00	<input checked="" type="checkbox"/> \$ 25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 17.3			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			

Fill in this information to identify your case:

Debtor 1	Louis Phillip Taylor	
	First Name	Middle Name
Debtor 2		
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: <u>Western District of Wisconsin</u>		
Case number (If known) _____		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2.	List all secured claims.	If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	<p>State Farm Bank Creditor's Name P.O. Box 5961 Number Street</p>	<p>Describe the property that secures the claim: 2014 Chrysler 300 with miles.</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p>	\$18,187.00	\$10,000.00	\$8,187.00
2.2	<p>Creditor's Name Number Street City State ZIP Code</p>	<p>Describe the property that secures the claim:</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p>	\$_____	\$_____	\$_____
	<p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>	<p>Last 4 digits of account number <u>0</u> <u>0</u> <u>0</u> <u>1</u></p>			
	<p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>	<p>Last 4 digits of account number _____</p>			
	<p>Add the dollar value of your entries in Column A on this page. Write that number here: \$18,187.00</p>				

Fill in this information to identify your case:

Debtor 1	<u>Louis</u> First Name	<u>Phillip</u> Middle Name	<u>Taylor</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western District of Wisconsin</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Internal Revenue Service Priority Creditor's Name c/o Performant Recovery Inc. Number Street P.O. Box 9045 Pleasanton CA 94566 City State ZIP Code	Last 4 digits of account number <u>1 2 2 5</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,600.00	\$3,600.00 \$0.00
2.2	Wisconsin Department of Revenue Priority Creditor's Name P.O. Box 8901 Number Street Madison WI 53708-8901 City State ZIP Code	Last 4 digits of account number <u>6 4 1 5</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$23,000.00	\$23,000.00 \$0.00

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	ADT Security Services Nonpriority Creditor's Name P.O. Box 371878 Number Street Pittsburgh PA 15250-7878 City State ZIP Code	Last 4 digits of account number <u>3 9 2 4</u> \$500.00 When was the debt incurred? _____
	As of the date you file, the claim is: Check all that apply. <ul style="list-style-type: none"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <ul style="list-style-type: none"> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>General Services</u> 	
	Who incurred the debt? Check one. <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 	
4.2	Advance America Nonpriority Creditor's Name 2527 E Clairemont Parkway Number Street Eau Claire WI 54701 City State ZIP Code	Last 4 digits of account number <u> </u> \$500.00 When was the debt incurred? _____
	As of the date you file, the claim is: Check all that apply. <ul style="list-style-type: none"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <ul style="list-style-type: none"> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u> 	
	Who incurred the debt? Check one. <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 	
4.3	Allina Health Home Oxygen & Medical Equipment Nonpriority Creditor's Name P.O. Box 9344 NW 7365 Number Street Minneapolis MN 55440-9344 City State ZIP Code	Last 4 digits of account number <u> </u> \$1,800.00 When was the debt incurred? _____
	As of the date you file, the claim is: Check all that apply. <ul style="list-style-type: none"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <ul style="list-style-type: none"> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u> 	
	Who incurred the debt? Check one. <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 	

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim
4.4	Amazon/Synchrony Nonpriority Creditor's Name P.O. Box 960013 Number Street Orlando FL 32896-0013 City State ZIP Code			Last 4 digits of account number <u>0 5 3 8</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,500.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u>		
4.5	AmeriCash Loans Nonpriority Creditor's Name 2400 E Devon Ae; Ste 300 Number Street Des Plaines IL 60018 City State ZIP Code			Last 4 digits of account number <u>6 0 4 2</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,000.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>		
4.6	Applied Bank Nonpriority Creditor's Name P.O. Box 90165 Number Street Philadelphia PA 19176 City State ZIP Code			Last 4 digits of account number <u>9 * * *</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,000.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>		

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.7	<p>AT & T Mobility Nonpriority Creditor's Name</p> <p>P.O. Box 6416 Number Street</p> <p>Carol Stream IL 60197-6416 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number <u>3 2 6 3</u> \$1,800.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>General Services</u></p>
4.8	<p>Balance Credit Nonpriority Creditor's Name</p> <p>P.O. Box 4356 Dept 1557 Number Street</p> <p>Houston TX 77210-4356 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number <u>7 2 3 6</u> \$2,000.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u></p>
4.9	<p>Best Buy Credit Services Nonpriority Creditor's Name</p> <p>P.O. Box 78009 Number Street</p> <p>Phoenix AZ 85062-8009 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number <u>3 5 0 7</u> \$3,000.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u></p>

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.10	Capital One Services Nonpriority Creditor's Name P.O. Box 30285 Number Street Salt Lake City UT 84130-0285 City State ZIP Code			Last 4 digits of account number <u>4 4 * *</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u>
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
	Check if this claim is for a community debt <input type="checkbox"/>			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.11	Check into Cash Nonpriority Creditor's Name 201 Keith St SW: Ste 80 Number Street Cleveland TN 37311 City State ZIP Code			Last 4 digits of account number <u>1 7 4 0</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
	Check if this claim is for a community debt <input type="checkbox"/>			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.12	Check-N-Go Nonpriority Creditor's Name Plaza Services, LLC/True Accord 303 2nd Street; Ste 750 S Number Street San Francisco CA 94107 City State ZIP Code			Last 4 digits of account number <u>8 1 0 1</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
	Check if this claim is for a community debt <input type="checkbox"/>			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
<p>4.13 Chippewa Valley Bank Nonpriority Creditor's Name</p> <p>C/O Range Credit Bureau, Inc. P.O. Box 706 Number Street</p> <p>Hibbing MN 55746-0706 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>				<p>Last 4 digits of account number <u>4 1 7 a</u> \$150.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>General Services</u></p>
<p>4.14 Citi/Citigroup, Inc. Nonpriority Creditor's Name</p> <p>388 Greenwich Street Number Street</p> <p>New York NY 10013 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>				<p>Last 4 digits of account number _____ \$Unknown</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u></p>
<p>4.15 Citibank, NA Nonpriority Creditor's Name</p> <p>701 E 60th Street North Number Street</p> <p>Sioux Falls SD 57117 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>				<p>Last 4 digits of account number <u>C 2 9 4</u> \$3,000.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u></p>

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim
4.16	Clearline Loans Nonpriority Creditor's Name 2520 St Rose Parkway; Ste 111 Number Street Henderson NV 89074 City State ZIP Code			Last 4 digits of account number	\$500.00
			When was the debt incurred? _____		
			As of the date you file, the claim is: Check all that apply.		
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
			Type of NONPRIORITY unsecured claim:		
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Loan _____		
4.17	Creative Kids Learning Center Nonpriority Creditor's Name 1180 Lampert Drive Number Street Spooner WI 54801 City State ZIP Code			Last 4 digits of account number	A Y L M \$600.00
			When was the debt incurred? _____		
			As of the date you file, the claim is: Check all that apply.		
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
			Type of NONPRIORITY unsecured claim:		
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify General Services _____		
4.18	Dell Preferred Nonpriority Creditor's Name c/o Portfolio Recovery Associates, LLC P.O. Box 12914 Number Street Norfolk VA 23541 City State ZIP Code			Last 4 digits of account number	4 9 1 5 \$4,000.00
			When was the debt incurred? _____		
			As of the date you file, the claim is: Check all that apply.		
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
			Type of NONPRIORITY unsecured claim:		
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Charges _____		

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim	
4.19	<u>Ditronics Financial Services</u> Nonpriority Creditor's Name <u>C/O Account Recovery Services, Inc. P.O. Box 7648</u> Number Street <u>Goodyear</u> AZ <u>85338</u> City State ZIP Code			Last 4 digits of account number <u>8 8 9 6</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>	\$1,500.00
4.20	<u>Express Cash Mart of Wisconsin, LLC</u> Nonpriority Creditor's Name <u>255E Dania Beach Blvd; Ste 220</u> Number Street <u>Dania Beach</u> FL <u>33004</u> City State ZIP Code			Last 4 digits of account number <u> </u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>	\$8,000.00
4.21	<u>Financial Recovery Services</u> Nonpriority Creditor's Name <u>P.O. Box 385908</u> Number Street <u>Minneapolis</u> MN <u>55438-5908</u> City State ZIP Code			Last 4 digits of account number <u> </u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u> </u>	\$600.00

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim		
4.22	Furnish 123 Nonpriority Creditor's Name	Last 4 digits of account number	4	7	0	9	\$650.00
	P.O. Box 33802 Number Street	When was the debt incurred?					
	Detroit MI 48232-9998 City State ZIP Code	As of the date you file, the claim is:	Check all that apply.				
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent					
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated					
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed					
	<input type="checkbox"/> Debtor 1 and Debtor 2 only						
	<input type="checkbox"/> At least one of the debtors and another						
	Check if this claim is for a community debt						
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No					
	<input type="checkbox"/> Yes						
4.23	Gander Mountain Nonpriority Creditor's Name	Last 4 digits of account number	2	3	2	0	\$1,000.00
	c/o Portfolio Recovery Associates, LLC P.O. Box 12914 Number Street	When was the debt incurred?					
	Norfolk VA 23541 City State ZIP Code	As of the date you file, the claim is:	Check all that apply.				
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent					
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated					
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed					
	<input type="checkbox"/> Debtor 1 and Debtor 2 only						
	<input type="checkbox"/> At least one of the debtors and another						
	Check if this claim is for a community debt						
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No					
	<input type="checkbox"/> Yes						
4.24	Grand Casino Hinckley Nonpriority Creditor's Name	Last 4 digits of account number	_____	_____	_____	_____	\$700.00
	c/o Global Payments Check Services P.O. Box 59371 Number Street	When was the debt incurred?					
	Chicago IL 60659-0371 City State ZIP Code	As of the date you file, the claim is:	Check all that apply.				
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent					
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated					
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed					
	<input type="checkbox"/> Debtor 1 and Debtor 2 only						
	<input type="checkbox"/> At least one of the debtors and another						
	Check if this claim is for a community debt						
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No					
	<input type="checkbox"/> Yes						

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.25	<p>Guitar Center/Synchrony Bank Nonpriority Creditor's Name</p> <p>c/o Midland Credit Management P.O. Box 13105 Number Street</p> <p>Roanoke VA 24031-3105 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number 9 1 8 1 \$600.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Charges</p>
4.26	<p>Hayward Area Memorial Hospital Nonpriority Creditor's Name</p> <p>See Attachment 1</p> <p>Number Street</p> <p>Eau Claire WI 54702-1800 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number 1 - 6 5 \$9,000.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services</p>
4.27	<p>Hayward Area Memorial Hospital Nonpriority Creditor's Name</p> <p>11040 N State Road 77 Number Street</p> <p>Hayward WI 54843 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number 7 2 8 8 \$3,200.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services</p>

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.28

IC System
Nonpriority Creditor's Name

P.O. Box 64378

Number Street

St. Paul MN 55164-0378
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 0 0 0 1

\$20,000.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Transportation Services

4.29

Jackson County Bank
Nonpriority Creditor's Name

8 Main Street

Number Street

Black River Falls WI 54615
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 1 * * *

\$Unknown

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Personal Loan

4.30

Kohls Department Store
Nonpriority Creditor's Name

P.O. Box 3115

Number Street

Milwaukee WI 53201
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

\$600.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Credit Card Charges

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim
4.31	<p>Kohl's Department Stores Nonpriority Creditor's Name</p> <p>c/o Mercantile Adjustment Bureau, LLC P.O. Box 9055 Number Street</p> <p>Williamsville NY 14231-9055 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number <u>0 4 0 8</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u></p>	\$750.00
4.32	<p>LCO Community College Nonpriority Creditor's Name</p> <p>13466 W Trepania Road Number Street</p> <p>Hayward WI 54843 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number <u> </u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Student Loan</u></p>	\$500.00
4.33	<p>LCO Federal Credit Union Nonpriority Creditor's Name</p> <p>LCO Box 1710 Number Street</p> <p>Hayward WI 54843 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number <u>2 3 6 2</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u></p>	\$9,000.00

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.34

Marshfield Clinic

Nonpriority Creditor's Name

P.O. Box 856950

Number Street

Minneapolis MN 55485-6950
City State ZIP Code**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 4 0 3 5

\$2,100.00

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Services

4.35

Maurices - Comenity

Nonpriority Creditor's Name

P.O. Box 659705

Number Street

San Antonio TX 78265-9705
City State ZIP Code**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 9 6 9 1

\$250.00

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card Charges

4.36

Mayo Clinic

Nonpriority Creditor's Name

P.O. Box 790127

Number Street

St. Louis MO 63179-0127
City State ZIP Code**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$1,600.00

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Services

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim
4.37	Menards Capital One Retail Services Nonpriority Creditor's Name			Last 4 digits of account number	1 5 8 1
	P.O. Box 7680 Number Street			\$2,300.00	
	Carol Stream	IL	60116-7680		
	City	State	ZIP Code		
	Who incurred the debt? Check one.				
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
	Check if this claim is for a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.38	Midland Credit Management, Inc. Nonpriority Creditor's Name			Last 4 digits of account number	\$500.00
	P.O. Box 51319 Number Street				
	Los Angeles	CA	90051-5619		
	City	State	ZIP Code		
	Who incurred the debt? Check one.				
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
	Check if this claim is for a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.39	NCB Management Services Nonpriority Creditor's Name			Last 4 digits of account number	\$2,000.00
	P.O. Box 1099 Number Street				
	Langhorne	PA	19047		
	City	State	ZIP Code		
	Who incurred the debt? Check one.				
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
	Check if this claim is for a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim
4.40	Northlakes Community Clinic Nonpriority Creditor's Name 7665 US Highway 2 Number Street Iron River WI 54847-4690 City State ZIP Code			Last 4 digits of account number	6 6 1 4 \$150.00
					When was the debt incurred? _____
					As of the date you file, the claim is: Check all that apply.
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
					Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services					
					Who incurred the debt? Check one.
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.41	Northland Counseling Services Nonpriority Creditor's Name 10752 Beal Avenue Number Street Hayward WI 54843 City State ZIP Code			Last 4 digits of account number	550.00
					When was the debt incurred? _____
					As of the date you file, the claim is: Check all that apply.
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
					Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services					
					Who incurred the debt? Check one.
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.42	One Main Financial Nonpriority Creditor's Name P.O. Box 9001122 Number Street Louisville KY 40290-1122 City State ZIP Code			Last 4 digits of account number	15,000.00
					When was the debt incurred? _____
					As of the date you file, the claim is: Check all that apply.
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
					Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Loan					
					Who incurred the debt? Check one.
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.43	<p>Rausch Sturm Nonpriority Creditor's Name</p> <p>250 N Sunnyslope Road; Ste 300 Number Street</p> <p>Brookfield WI 53005 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number <u>C 2 9 4</u> \$3,000.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u></p>
4.44	<p>Reliance Recoveries Nonpriority Creditor's Name</p> <p>P.O. Box 29227 Number Street</p> <p>Minneapolis MN 55429-0227 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number _____ \$Unknown</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u></p>
4.45	<p>Reliance Recoveries Nonpriority Creditor's Name</p> <p>6160 Summit Drive, Ste 440 Number Street</p> <p>Brooklyn Center MN 55430 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number _____ \$Unknown</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u></p>

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.46

Resource Management, Inc.

Nonpriority Creditor's Name

P.O. Box 1800

Number Street

Eau Claire

WI ZIP Code

State

City

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$10,000.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Personal Loan _____

4.47

Rise Financial

Nonpriority Creditor's Name

P.O. Box 101808

Number Street

Ft. Worth

TX ZIP Code

State

City

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 0 3 7 8

\$2,000.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Personal Loan _____

4.48

RISE/ECS

Nonpriority Creditor's Name

4150 International Plaza; Ste 300

Number Street

Ft. Worth

TX ZIP Code

State

City

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 5 * * *

\$4,000.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card Charges _____

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.49	Speedy Cash Nonpriority Creditor's Name			Last 4 digits of account number <u>8 5 2 6</u> \$600.00
See Attachment 2				When was the debt incurred? _____
Number Street <u>Wichita</u> <u>KS</u> <u>67205</u> City State ZIP Code				As of the date you file, the claim is: Check all that apply.
Who incurred the debt? Check one.				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> Check if this claim is for a community debt				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>
Is the claim subject to offset?				<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
4.50	Spooner Health Nonpriority Creditor's Name			Last 4 digits of account number <u>0 4 9 3</u> \$250.00
Number Street <u>1280 Chandler Drive</u> City State ZIP Code <u>Spooner</u> <u>WI</u> <u>54801-2202</u>				When was the debt incurred? _____
Who incurred the debt? Check one.				As of the date you file, the claim is: Check all that apply.
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<input type="checkbox"/> Check if this claim is for a community debt				Type of NONPRIORITY unsecured claim:
Is the claim subject to offset?				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>
4.51	Synchrony Bank Nonpriority Creditor's Name			Last 4 digits of account number <u>9 1 8 1</u> \$500.00
Number Street <u>C/O Midland Credit Management P.O. Box 51319</u> City State ZIP Code <u>Los Angeles</u> <u>CA</u> <u>90051-5619</u>				When was the debt incurred? _____
Who incurred the debt? Check one.				As of the date you file, the claim is: Check all that apply.
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<input type="checkbox"/> Check if this claim is for a community debt				Type of NONPRIORITY unsecured claim:
Is the claim subject to offset?				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u>

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.52

Synchrony Bank

Nonpriority Creditor's Name

P.O. Box 960013

Number Street

Orlando

FL

32896-0013

City

State

ZIP Code

Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes**Last 4 digits of account number** 0 5 3 8

\$Unknown

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card Charges

4.53

UW-River Falls Police & Parking

Nonpriority Creditor's Name

103 Regional Development Institute 410 S Third Street

Number Street

River Falls

WI

54022

City

State

ZIP Code

Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes**Last 4 digits of account number** 7 5 1 0

\$50.00

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify parking ticket

4.54

Walmart / Synchrony Bank

Nonpriority Creditor's Name

P.O. Box 530927

Number Street

Atlanta

GA

30353-0927

City

State

ZIP Code

Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes**Last 4 digits of account number** 6 9 5 3

\$6,000.00

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card Charges

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.
Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>26,600.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ <u>0.00</u>
	6e. Total. Add lines 6a through 6d.	\$ <u>26,600.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ <u>139,200.00</u>
	6j. Total. Add lines 6f through 6i.	\$ <u>139,200.00</u>

**Attachment
Debtor: Louis Phillip Taylor Case No:**

Attachment 1

C/O Resource Management, Inc. 2211 E Clairemont Ave; P.O. Box 1800

Attachment 2

c/o Ad Astra Recovery Services, Inc. 7330 W 33rd ST N; Ste 118

Fill in this information to identify your case:

Debtor	Louis Phillip Taylor		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Western District of Wisconsin			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease	State what the contract or lease is for
--	---

2.1	Name _____ Number Street _____ City _____ State _____ ZIP Code _____
2.2	Name _____ Number Street _____ City _____ State _____ ZIP Code _____
2.3	Name _____ Number Street _____ City _____ State _____ ZIP Code _____
2.4	Name _____ Number Street _____ City _____ State _____ ZIP Code _____
2.5	Name _____ Number Street _____ City _____ State _____ ZIP Code _____

Fill in this information to identify your case:

Debtor 1	Louis Phillip Taylor		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Western District of Wisconsin			
Case number (If known) _____			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent _____

Number Street _____

City State ZIP Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Number Street _____

City State ZIP Code _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.2

Name _____

Number Street _____

City State ZIP Code _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.3

Name _____

Number Street _____

City State ZIP Code _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	Louis Phillip Taylor		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Western District of Wisconsin			
Case number (If known) _____			

Check if this is:

- An amended filing
 A supplement showing post-petition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Gaming Commissioner	
Employer's name	St. Croix Tribe	
Employer's address	Number Street _____ _____	
	City	State ZIP Code
	City	State ZIP Code
Turtle Lake, WI 54843		

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. <u>\$3,640.00</u>	<u>\$0.00</u>
3. Estimate and list monthly overtime pay.	3. <u>+\$0.00</u>	<u>+\$0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$3,640.00</u>	<u>\$0.00</u>

Debtor 1 **Louis Phillip Taylor**
 First Name Middle Name Last Name

Case number (if known) _____

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
Copy line 4 here	→ 4. <u>\$3,640.00</u>	<u>\$0.00</u>
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. <u>\$664.00</u>	<u>\$0.00</u>
5b. Mandatory contributions for retirement plans	5b. <u>\$0.00</u>	<u>\$0.00</u>
5c. Voluntary contributions for retirement plans	5c. <u>\$0.00</u>	<u>\$0.00</u>
5d. Required repayments of retirement fund loans	5d. <u>\$0.00</u>	<u>\$0.00</u>
5e. Insurance	5e. <u>\$10.00</u>	<u>\$0.00</u>
5f. Domestic support obligations	5f. <u>\$314.00</u>	<u>\$0.00</u>
5g. Union dues	5g. <u>\$0.00</u>	<u>\$0.00</u>
5h. Other deductions. Specify: _____	5h. <u>+ \$0.00</u>	<u>+ \$0.00</u>
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <u>\$988.00</u>	<u>\$0.00</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. <u>\$2,652.00</u>	<u>\$0.00</u>
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. <u>\$0.00</u>	<u>\$0.00</u>
8b. Interest and dividends	8b. <u>\$0.00</u>	<u>\$0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. <u>\$0.00</u>	<u>\$0.00</u>
8d. Unemployment compensation	8d. <u>\$0.00</u>	<u>\$0.00</u>
8e. Social Security	8e. <u>\$0.00</u>	<u>\$0.00</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. <u>\$0.00</u>	<u>\$0.00</u>
8g. Pension or retirement income	8g. <u>\$0.00</u>	<u>\$0.00</u>
8h. Other monthly income. Specify: <u>St. Croix Tribal Per Capita</u>	8h. <u>+ \$800.00</u>	<u>+ \$0.00</u>
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <u>\$800.00</u>	<u>\$0.00</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <u>\$3,452.00</u>	<u>+ \$0.00</u> = <u>\$3,452.00</u>
11. State all other regular contributions to the expenses that you list in Schedule J.		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. <u>+ \$0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. <u>\$3,452.00</u>	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		
Combined monthly income		

Fill in this information to identify your case:

Debtor 1	Louis Phillip Taylor	
	First Name	Middle Name
	Last Name _____	
Debtor 2 (Spouse, if filing)	First Name	Middle Name
	Last Name _____	
United States Bankruptcy Court for the:	Western District of Wisconsin	
Case number (if known)	_____	

Check if this is:

- An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Forms 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

No

Do not list Debtor 1 and Debtor 2.

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

Lacey Taylor

4

No

Yes

Isabella Taylor

7

No

Yes

Brenna Taylor

15

No

Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$0.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$0.00

4b. \$0.00

4c. \$0.00

4d. \$0.00

Debtor 1 **Louis Phillip Taylor**
 First Name Middle Name Last Name

Case number (if known) _____

5. Additional mortgage payments for your residence, such as home equity loans

5. \$0.00

6. Utilities:

- 6a. Electricity, heat, natural gas
- 6b. Water, sewer, garbage collection
- 6c. Telephone, cell phone, Internet, satellite, and cable services
- 6d. Other. Specify: _____

6a. \$200.00
 6b. \$0.00
 6c. \$100.00
 6d. \$0.00

7. Food and housekeeping supplies

7. \$400.00

8. Childcare and children's education costs

8. \$160.00

9. Clothing, laundry, and dry cleaning

9. \$20.00

10. Personal care products and services

10. \$20.00

11. Medical and dental expenses

11. \$0.00

12. Transportation. Include gas, maintenance, bus or train fare.

12. \$500.00

Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$50.00

14. Charitable contributions and religious donations

14. \$0.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

- 15a. Life insurance
- 15b. Health insurance
- 15c. Vehicle insurance
- 15d. Other insurance. Specify: _____

15a. \$0.00
 15b. \$0.00
 15c. \$0.00
 15d. \$0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

16. \$0.00

Specify: _____

17. Installment or lease payments:

- 17a. Car payments for Vehicle 1
- 17b. Car payments for Vehicle 2
- 17c. Other. Specify: _____
- 17d. Other. Specify: _____

17a. \$0.00
 17b. \$0.00
 17c. \$
 17d. \$

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$0.00

19. Other payments you make to support others who do not live with you.

19. \$0.00

Specify: _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

- 20a. Mortgages on other property
- 20b. Real estate taxes
- 20c. Property, homeowner's, or renter's insurance
- 20d. Maintenance, repair, and upkeep expenses
- 20e. Homeowner's association or condominium dues

20a. \$0.00
 20b. \$0.00
 20c. \$0.00
 20d. \$0.00
 20e. \$0.00

Your expenses

Debtor 1 **Louis Phillip Taylor**
First Name Middle Name Last Name

Case number (if known) _____

21. Other. Specify: _____

21. **+\$0.00**

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

\$1,450.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

\$

22c. Add line 22a and 22b. The result is your monthly expenses.

\$1,450.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. **\$3,452.00**

23b. Copy your monthly expenses from line 22 above.

23b. **-\$1,450.00**

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. **\$2,002.00**

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1	Louis Phillip Taylor		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Western District of Wisconsin			
Case number (If known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets	
Value of what you own	
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ 11,405.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ 11,405.00

Part 2: Summarize Your Liabilities

Your liabilities	
Amount you owe	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D	\$ 18,187.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ 26,600.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	+ \$ 139,800.00
Your total liabilities	\$ 184,587.00

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	\$ 3,452.00
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22, Column A, of Schedule J.....	\$ 1,450.00

Debtor 1

Louis Phillip Taylor

First Name Middle Name

Last Name

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 4,440.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F.

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)

\$0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$26,600.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$0.00

9d. Student loans. (Copy line 6f.)

\$0.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+ \$0.00

9g. **Total.** Add lines 9a through 9f.

\$26,600.00

Fill in this information to identify your case:

Debtor 1 **Louis Phillip Taylor**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Western District of Wisconsin**

Case number
(If known)

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X Louis Phillip Taylor

Signature of Debtor 1

X

Signature of Debtor 2

Date 12/06/2019
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Louis	Phillip	Taylor
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Western District of Wisconsin			
Case number (If known) _____			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
13795 N Reserve Road Number Street	From 01/01/12 To 09/01/19	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Hayward WI 54843 City State ZIP Code	Number Street	From _____ To _____	From _____ To _____
Number Street	From _____ To _____	Number Street	From _____ To _____
City State ZIP Code	City State ZIP Code	City State ZIP Code	City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 Louis Phillip Taylor
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$7,728.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$_____
For last calendar year: (January 1 to December 31, 2018) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$58,240.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$_____
For the calendar year before that: (January 1 to December 31, 2017) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$58,240.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$_____

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		\$_____	\$_____	\$_____
		\$_____	\$_____	\$_____
		\$_____	\$_____	\$_____
For last calendar year: (January 1 to December 31, _____) YYYY		\$_____	\$_____	\$_____
		\$_____	\$_____	\$_____
		\$_____	\$_____	\$_____
For the calendar year before that: (January 1 to December 31, _____) YYYY		\$_____	\$_____	\$_____
		\$_____	\$_____	\$_____
		\$_____	\$_____	\$_____

Debtor 1 Louis Phillip Taylor
 First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	
City State ZIP Code	_____	_____	
Creditor's Name	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	
City State ZIP Code	_____	_____	
Creditor's Name	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	
City State ZIP Code	_____	_____	

Debtor 1 Louis Phillip Taylor
 First Name Middle Name Last Name

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

Debtor 1 Louis Phillip Taylor
First Name Middle Name Last Name

Case number (*if known*) _____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title	Nature of the case	Court or agency	Status of the case
Portfolio Recovery Vs. Megan Taylor	Small Claims	Sawyer County Circuit Court Court Name	<input type="checkbox"/> Pending
Case number 19SC316		10610 Main Street Number Street	<input type="checkbox"/> On appeal
		Hayward WI 54843 City State ZIP Code	<input checked="" type="checkbox"/> Concluded
Midland Funding Vs. Louis Taylor	Small Claims	Sawyer County Clerk of Court Court Name	<input checked="" type="checkbox"/> Pending
Case number 19SC271		10610 Main Street Number Street	<input type="checkbox"/> On appeal
		Hayward WI 54843 City State ZIP Code	<input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Describe the property		Date	Value of the property
<p>Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p>		<p>_____ \$ _____</p>	
Explain what happened			
<ul style="list-style-type: none"> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. 			
Describe the property		Date	Value of the property
<p>Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p>		<p>_____ \$ _____</p>	
Explain what happened			
<ul style="list-style-type: none"> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. 			

Debtor 1 Louis Phillip Taylor
 First Name Middle Name Last Name

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Creditor's Name	Describe the action the creditor took	Date action was taken	Amount
Number Street			\$ _____
City State ZIP Code	Last 4 digits of account number: XXXX-_____		

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
			\$ _____
			\$ _____
City State ZIP Code			
Person's relationship to you			

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
			\$ _____
			\$ _____
City State ZIP Code			
Person's relationship to you			

Debtor 1 Louis Phillip Taylor
 First Name Middle Name Last Name

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ _____ _____		_____	\$ _____
City State ZIP Code		_____	\$ _____

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss <small>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.</small>	Date of your loss	Value of property lost
		_____	\$ _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Duffy Law Office Person Who Was Paid P.O. Box 965 Number Street Hayward WI 54843 City State ZIP Code Email or website address Person Who Made the Payment, if Not You	10/24/19	\$1,900.00
	_____	\$ _____

Debtor 1 **Louis Phillip Taylor**
 First Name Middle Name Last Name

Case number (if known) _____

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			\$ _____
Number Street			\$ _____
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			\$ _____
Number Street			\$ _____
City State ZIP Code			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			_____
Number Street			
City State ZIP Code			
Person's relationship to you			
Person Who Received Transfer			_____
Number Street			
City State ZIP Code			
Person's relationship to you			

Debtor 1 Louis Phillip Taylor
 First Name Middle Name Last Name

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No
 Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____ _____	_____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No
 Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution _____ Number Street _____ City _____ State _____ ZIP Code _____	XXXX- _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
Name of Financial Institution _____ Number Street _____ City _____ State _____ ZIP Code _____	XXXX- _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
 Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution _____ Number Street _____ City _____ State _____ ZIP Code _____	Name _____ Number Street _____ City _____ State _____ ZIP Code _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1 Louis Phillip Taylor
 First Name Middle Name Last Name

Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street	
City State ZIP Code		
City	State	ZIP Code

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name		\$ _____
Number Street	Number Street	
City	State	ZIP Code

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	_____
Number Street	Number Street	
City	State	ZIP Code
City	State	ZIP Code

Debtor 1 Louis Phillip Taylor
 First Name Middle Name Last Name

Case number (if known) _____

25. Have you notified any governmental unit of any release of hazardous material?

No

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site _____ Number Street _____ City _____ State _____ ZIP Code _____	Governmental unit _____ Number Street _____ City _____ State _____ ZIP Code _____	_____

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title _____ _____ Court Name _____ Number Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name _____ Number Street _____ City _____ State _____ ZIP Code _____	Describe the nature of the business _____ Name of accountant or bookkeeper _____ From _____ To _____	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
Business Name _____ Number Street _____ City _____ State _____ ZIP Code _____	Describe the nature of the business _____ Name of accountant or bookkeeper _____ From _____ To _____	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____

Debtor 1 Louis Phillip Taylor
First Name Middle Name Last Name

Case number (if known) _____

Business Name
Number Street
City State ZIP Code

Describe the nature of the business

Employer Identification number
Do not include Social Security number or ITIN.

EIN: _____ - _____

Name of accountant or bookkeeper

Dates business existed

From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

Name _____ MM / DD / YYYY
Number Street
City State ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Louis Phillip Taylor

Signature of Debtor 1

Date 12/06/2019



Signature of Debtor 2

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____ . Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

United States Bankruptcy Court
WESTERN DISTRICT OF WISCONSIN

In re **Louis Phillip Taylor**

Case No. _____

Debtor

Chapter **7** _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept **\$1,900.00** _____

Prior to the filing of this statement I have received **\$1,900.00** _____

Balance Due **\$0.00** _____

2. The source of the compensation paid to me was:

Debtor

Other (specify)

3. The source of compensation to be paid to me is:

Debtor

Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

- d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
adversary proceedings, creditor or trustee motions

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 6, 2019
Date

/s/Thomas W. Duffy
Signature of Attorney

Duffy Law Office
Name of law firm

ADT Security Services
P.O. Box 371878
Pittsburgh, PA 15250-7878

Advance America
2527 E Clairemont Parkway
Eau Claire, WI 54701

Allina Health Home Oxygen &
Medical
P.O. Box 9344 NW 7365
Minneapolis, MN 55440-9344

Amazon/Synchrony
P.O. Box 960013
Orlando, FL 32896-0013

AmeriCash Loans
2400 E Devon Ae; Ste 300
Des Plaines, IL 60018

Applied Bank
P.O. Box 90165
Philadelphia, PA 19176

AT & T Mobility
P.O. Box 6416
Carol Stream, IL 60197-6416

Balance Credit
P.O. Box 4356
Dept 1557
Houston, TX 77210-4356

Best Buy Credit Services
P.O. Box 78009
Phoenix, AZ 85062-8009

Capital One Services
P.O. Box 30285
Salt Lake City, UT 84130-0285

Check into Cash
201 Keith St SW: Ste 80
Cleveland, TN 37311

Check-N-Go
Plaza Services, LLC/True Accord
303 2nd Street; Ste 750 S
San Francisco, CA 94107

Chippewa Valley Bank
C/O Range Credit Bureau, Inc.
P.O. Box 706
Hibbing, MN 55746-0706

Citi/Citigroup, Inc.
388 Greenwich Street
New York, NY 10013

Citibank, NA
701 E 60th Street North
Sioux Falls, SD 57117

Clearline Loans
2520 St Rose Parkway; Ste 111
Henderson, NV 89074

Creative Kids Learning Center
1180 Lampert Drive
Spooner, WI 54801

Dell Preferred
c/o Portfolio Recovery
Associates,
P.O. Box 12914
Norfolk, VA 23541

Ditronics Financial Services
C/O Account Recovery Services,
Inc.
P.O. Box 7648
Goodyear, AZ 85338

Express Cash Mart of Wisconsin,
LLC
255E Dania Beach Blvd; Ste 220
Dania Beach, FL 33004

Financial Recovery Services
P.O. Box 385908
Minneapolis, MN 55438-5908

Furnish 123
P.O. Box 33802
Detroit, MI 48232-9998

Gander Mountain
c/o Portfolio Recovery
Associates,
P.O. Box 12914
Norfolk, VA 23541

Grand Casino Hinckley
c/o Global Payments Check
Services
P.O. Box 59371
Chicago, IL 60659-0371

Guitar Center/Synchrony Bank
c/o Midland Credit Management
P.O. Box 13105
Roanoke, VA 24031-3105

Hayward Area Memorial Hospital
C/O Resource Management, Inc.
2211 E Clairemont Ave; P.O. Box
180
Eau Claire, WI 54702-1800

Hayward Area Memorial Hospital
11040 N State Road 77
Hayward, WI 54843

IC System
P.O. Box 64378
St. Paul, MN 55164-0378

Internal Revenue Service
c/o Performant Recovery Inc.
P.O. Box 9045
Pleasanton, CA 94566

Jackson County Bank
8 Main Street
Black River Falls, WI 54615

Kohls Department Store
P.O. Box 3115
Milwaukee, WI 53201

Kohl's Department Stores
c/o Mercantile Adjustment Bureau,
L
P.O. Box 9055
Williamsville, NY 14231-9055

LCO Community College
13466 W Trepania Road
Hayward, WI 54843

LCO Federal Credit Union
LCO Box 1710
Hayward, WI 54843

Marshfield Clinic
P.O. Box 856950
Minneapolis, MN 55485-6950

Maurices - Comenity
P.O. Box 659705
San Antonio, TX 78265-9705

Mayo Clinic
P.O. Box 790127
St. Louis, MO 63179-0127

Menards Capital One Retail
Services
P.O. Box 7680
Carol Stream, IL 60116-7680

Midland Credit Management, Inc.
P.O. Box 51319
Los Angeles, CA 90051-5619

NCB Management Services
P.O. Box 1099
Langhorne, PA 19047

Northlakes Community Clinic
7665 US Highway 2
Iron River, WI 54847-4690

Northland Counseling Services
10752 Beal Avenue
Hayward, WI 54843

One Main Financial
P.O. Box 9001122
Louisville, KY 40290-1122

Rausch Sturm
250 N Sunnyslope Road; Ste 300
Brookfield, WI 53005

Reliance Recoveries
P.O. Box 29227
Minneapolis, MN 55429-0227

Reliance Recoveries
6160 Summit Drive, Ste 440
Brooklyn Center, MN 55430

Resource Management, Inc.
P.O. Box 1800
Eau Claire, WI 54702

Rise Financial
P.O. Box 101808
Ft. Worth, TX 76185

RISE/ECS
4150 International Plaza; Ste 300
Ft. Worth, TX 76109

Speedy Cash
c/o Ad Astra Recovery Services,
Inc
7330 W 33rd ST N; Ste 118
Wichita, KS 67205

Spooner Health
1280 Chandler Drive
Spooner, WI 54801-2202

State Farm Bank
P.O. Box 5961
Madison, WI 53705-0961

Synchrony Bank
C/O Midland Credit Management
P.O. Box 51319
Los Angeles, CA 90051-5619

Synchrony Bank
P.O. Box 960013
Orlando, FL 32896-0013

UW-River Falls Police & Parking
103 Regional Development
Institute
410 S Third Street
River Falls, WI 54022

Walmart / Synchrony Bank
P.O. Box 530927
Atlanta, GA 30353-0927

Wisconsin Department of Revenue
P.O. Box 8901
Madison, WI 53708-8901

UNITED STATES BANKRUPTCY COURT
Western District of Wisconsin

In re: Louis Phillip Taylor Case No. _____
Debtors Chapter 7 _____

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: December 6, 2019

Signed: Louis Phillip Taylor

Dated: _____

Signed: _____

/s/Thomas W. Duffy
Thomas W. Duffy
Attorney for Debtor(s)
Bar no.: 01007941
P.O. Box 965
Hayward , Wisconsin 54843
Telephone No: (715) 634-4891
Fax No: (715) 634-5661

E-mail address:
jackieamundson@cheqnet.net